GARY D. JOSEPHSON #5299
Assistant Attorney General
SEAN D. REYES #7969
Attorney General
Attorneys for Utah Insurance Department
160 East 300 South, Fifth Floor
PO Box 140874
Salt Lake City, UT 84114

Telephone: 801-366-0375 Facsimile: 801-366-0378

# BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

#### UTAH INSURANCE DEPARTMENT,

Complainant,

V.

BEAR LAKE COMMUNITY HEALTH CENTER, INC. 325 West Logan Highway Garden City, UT 84028 Unlicensed

Respondent.

#### STIPULATION AND ORDER

Docket No. 2015-054 LC

Epf. Case No. 3615

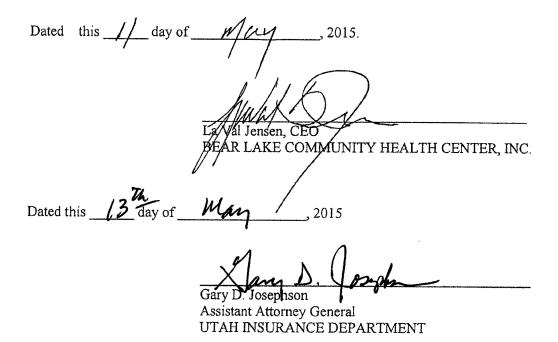
Judge Mark E. Kleinfield Administrative Law Judge

#### STIPULATION

The Utah Insurance Department ("Department"), by and through its legal counsel, and
Bear Lake Community Health Center, Inc. ("Respondent"), hereby stipulate and agree as follows:

1. Respondent is a federally funded health center and unlicensed health discount program operator. Respondent's business address is 325 West Logan Highway, Garden City, Ut.

- 2. The Department has jurisdiction over the parties and subject matter of this administrative action.
- 3. Respondent acknowledges notice of agency action pursuant to Utah Code § 63G-4-210; acknowledges that this Stipulation and Order is an informal proceeding pursuant to Utah Code § 63G-4-202; and irrevocably waives the right to any hearing, review or appeal concerning this matter.
- 4. Respondent has the right to be represented by legal counsel and waives this right by either having sought the advice of legal counsel or by having voluntarily chosen not to do so.
- 5. This signed Stipulation and the signed and Order by the Commissioner or his representative, along with any Findings of Fact and Conclusions of Law, shall not be subject to any reconsideration, renegotiation, modification, hearing or agency review or appeal.
- 6. The Findings of Fact and Conclusions of Law presented below are accepted by the parties.
- 7. The issuance of the signed and adopted Order proposed below is solely for the purpose of disposing of the specific matter entitled herein.
- 8. The only promises, agreements and understandings that the parties have regarding this matter are contained in this Stipulation.
- 9. Respondent enters into this Stipulation voluntarily, knowingly, and free from any coercion of any kind.
- 10. The persons signing this Stipulation on behalf of the named parties hereby affirm that they are authorized to sign and bind the parties.



Based upon the foregoing Stipulation and Department file, the Presiding Officer makes the following Findings of Fact:

#### FINDINGS OF FACT

- 1. From February 9, 2008 to December 31, 2011, Respondent was licensed as a health care program marketer. On December 31, 2011, Respondent's licensed lapsed for failure to renew.
- 2. On December 19, 2014, Respondent submitted an application for a health discount program operator license. As part of the application process, applicants are required to submit their internal administrative procedures. During the review of the application, the Department found that the procedures were updated on 10/16/2012, 10/24/2012, and 10/30/2012. Respondent was not licensed during the update.

- 3. On January 28, 2015, the Department contacted Respondent and asked for additional information and explanation. On February 12, 2015, Respondent responded stating that the discovery that it was unlicensed was made during an internal audit. Respondent provided the member enrollment numbers for 2012, 2013, and 2014. The response from Respondent confirmed that Respondent was operating a health discount program for three years without being licensed by the Department.
- 4. On April 9, 2015, the parties agreed to an administrative forfeiture in the amount of \$3,000.00.

Based upon the foregoing Stipulation and Findings of Fact, the Presiding Officer enters the following Conclusions of Law:

#### **CONCLUSIONS OF LAW**

- 1. Utah Code Section 31A-8a-201 requires that prior to operating or marketing a health discount program, a person or entity must be authorized to transact business in Utah and be licensed by the Commissioner.
- 2. Respondent was in violation of the above statute during 2012, 2013, and 2014 when it was unlicensed and transacting health discount program business.
- 3. An administrative forfeiture in the amount of \$3,000.00 is appropriate under the circumstances of this matter.

Based upon the Findings and Fact and Conclusions of Law, the Presiding Officer enters the following Order:

#### <u>ORDER</u>

Respondent is hereby ordered to pay an administrative forfeiture in the amount of \$3,000.00 to the Department within 30 days of the date of this signed Order.

TODD E. KISER Insurance Commissioner

MARK E. KLEINFIELD Administrative Law Judge Utah Insurance Department

### NOTIFICATION TO RESPONDENT

You are hereby notified that a failure to obey an Order of the Commissioner may subject you to further penalties, including forfeitures of up to \$5,000 per violation and the suspension or revocation of your license and the filing of an action in district court, which may impose forfeitures of up to \$10,000 per day for continued violation.

You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

# **CERTIFICATE OF MAILING**

The undersigned hereby certifies that on this	s date, a true and correct copy of the
foregoing STIPULATION AND ORDER was ma	
DATED thisday of	, 2015.

BEAR LAKE COMMUNITY HEALTH CENTER, INC. LA VAL JENSEN, CEO 325 W LOGAN HIGHWAY GARDEN CITY, UT 84028

LINDA HARDY

UTAH INSURANCE DEPARTMENT

STATE OFFICE BUILDING, ROOM 3110

SALT LAKE CITY, UT 84114-6901



**Insurance Department** 

Governor SPENCER J. COX Lieutenant Governor

## UTAH **Invoice - Original**

LAVAL JENSEN BEAR LAKE COMMUNITY HEALTH CENTER INC HDP **PO BOX 328** 

325 W LOGAN HIGHWAY GARDEN CITY UT 84028

Printed Date: May 14, 2015 Invoice Date: May 14, 2015

Balance Due: \$3,000.00 Due Date: June 18, 2015

Invoice ID: 767585 Payor ID: 157380

Date 05-14-2015 **Item Description** Monetary Penalty Agency Amount

\$3,000.00

E-Case 3615 Docket # 2015-054 LC

No Adjustments

No Payments

**Balance Amount Due** \$3,000.00

# **UTAH Invoice - Original**

Make check payable to: Utah Insurance Department

Send payment to:

Utah Insurance Department 3110 State Office Building Salt Lake City, UT 84114-6901 Invoice Date: May 14, 2015

Balance Due: \$3,000.00

Due Date: Invoice ID: June 18, 2015

Payor ID:

767585 157380

E-Case 3615 Docket # 2015-054 LC

Detach and Return this Voucher with Payment Payments Will Not Be Processed without Voucher